

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 59

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Alaskans for Don Young

Full Name (Last, First, Middle Initial)

**A. Karen Burnett**

Mailing Address 18341 Karta Circle

City	State	Zip Code
Eagle River	AK	99577-

Purpose of Disbursement  
Net Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2015

Amount of Each Disbursement this Period

567.58
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Transaction ID : 50406.E12950

NET PAYROLL

**B. Karen Burnett**

Full Name (Last, First, Middle Initial)

Mailing Address 18341 Karta Circle

City	State	Zip Code
Eagle River	AK	99577-

Purpose of Disbursement  
Net Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2015

Amount of Each Disbursement this Period

669.29
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Transaction ID : 50406.E12951

NET PAYROLL

**c. Capitol Hill Club**

Full Name (Last, First, Middle Initial)

Mailing Address 300 First St., S.E.

City	State	Zip Code
Washington	DC	20003-

Purpose of Disbursement  
Membership

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2015

Amount of Each Disbursement this Period

400.00
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Transaction ID : 50406.E12941

MEMBERSHIP

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1636.87